



Form RHS 8-5A

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF RADIOLOGICAL HEALTH

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Human Medical Use

\* \* \* \* \* Training Statement \* \* \* \* \*

1. (a) USING PHYSICIAN'S NAME.

(b) NAME AND ADDRESS OF APPLICANT. (if different from (a).)

2. THE USING PHYSICIAN INDICATED ABOVE IS LICENSED TO DISPENSE DRUGS IN THE PRACTICE OF MEDICINE IN THE STATE OF TENNESSEE.

Yes No

HOSPITAL FACILITIES FOR INDIVIDUAL PRACTICE USE ONLY.

3. (a) THE APPLICANT HAS COMPLETED ARRANGEMENTS FOR A HOSPITAL TO ADMIT RADIOACTIVE PATIENTS WHENEVER ADVISABLE.

Yes No

(b) A COPY OF INSTRUCTIONS TO BE FURNISHED TO THE HOSPITAL AS TO RADIOLOGICAL SAFETY PRECAUTIONS TO BE TAKEN AND AVAILABLE RADIATION INSTRUMENTATION IS ATTACHED.

Yes No

4. TYPE OF TRAINING.

WHERE TRAINED

DURATION OF  
TRAINING

ON THE JOB  
(Circle answer)

FORMAL COURSE  
(Circle answer)

a. Principles and practices of radiation protection

Yes No

Yes No

b. Radioactivity measurement standardization and monitoring techniques and instruments

Yes No

Yes No

c. Mathematics and calculations basic to the use and measurement of radioactivity

Yes No

Yes No

d. Biological effects of radiation

Yes No

Yes No

5. Total number of hours of training in Items 4.a.b.c.d. above \_\_\_\_\_ hours.

6. The applicant and any official executing this certificate on behalf of the applicant named in Item 1, certify that this application is prepared in conformity with Tennessee "State Regulations for Protection Against Radiation", and that all information contained herein, including supplements attached hereto, is true and correct to the best of our knowledge and belief.

\_\_\_\_\_  
Signature (applicant named in Item 1)

Date \_\_\_\_\_

By: \_\_\_\_\_  
Signature of certifying official

\_\_\_\_\_  
Title of certifying official

Note: See Appendix B, Item 1 of the "Medical License Application Guide" or 1200-2-10-.33(1)(a), 3(a) or 4(a) of "State Regulations for Protection Against Radiation" for the required training in basic radioisotope handling techniques.

**Note:** See Appendix B of the “Medical License Application Guide” or 1200-2-10-.33 of “State Regulations for Protection Against Radiation” for experience requirements to use or directly supervise the use of radioactive material listed in Medical Groups I through VI. Medical Groups are defined in Appendix A of the Guide and in 1200-2-10-.14(6) of the Regulations.